Autumn 2008
Volume XXXII, Number 3

Inside

2 CEO's Column
3 CPHA 2009 Annual Conference
5 Student Corner
7 Coming Events
8 Partners Around the World

CPHA•ACSP *health digest*
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTE PUBLIQUE

MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS

Ron de Burger, CPHA Chair

2009 Membership Fee Increase and Renewal Process

As part of CPHA's ongoing review of the Association's operations and finances, the Board of Directors recently examined our membership program, resulting in the decision to approve a membership fee increase for 2009. This decision is based on a review of our administration costs and a comparison with membership dues of similar national organizations.

The review identified that our current fees do not cover CPHA's costs to administer the membership program. We also discovered that other similar organizations have membership fees that range from $150-$375. Thus, the 2009 increase will rectify this situation and permit CPHA to continue to provide the same services to members.

The Board also clearly indicated that this fee increase will not be implemented in isolation and that a full program review of our membership structure, benefits and options will be undertaken over the next six months. The 2009 increase will be implemented prior to completion of the full program review in order to allow CPHA to cover its costs while providing the same level of benefits to you, our members.

The Membership Program Review

A full membership program review will begin with a survey to ask you – our members – what you want from your Association. As well, we will examine closely the membership structures of some of our partners. At CPHA, we want to ensure that we can do more advocacy and more communication/outreach to members, partners and the public health and health sectors. In addition, the review will consider options and levels of benefits that will allow for more flexibility and choices for members.

CPHA Direct Membership Fees	2008	2009
Regular	$135	$165
Student/Retired/Low Income	$73	$88
International	$142	$170
Student/Retired International	$89	$107

CPHA Portion of Joint CPHA/PTPHA Membership Fees	2008	2009
Regular	$100	$120
Student/Retired/Low Income	$57	$68

CPHA's voice is your voice

As CPHA members, you are the foundation of the Association, providing breadth and depth to our work on issues of significance to public health's front line and at the national level. CPHA represents your interests on critical and strategic public health issues that impact Canadians and provides an important forum for discussion and debate among the 30 professions that make up our membership.

The benefits of your CPHA membership include the following:

1. A full subscription to the Canadian Journal of Public Health, published 6 times/year, with 2-5 additional peer-reviewed supplements and inserts.
2. A full subscription to the membership newsletter, *CPHA Health Digest*, covering CPHA activities and latest news,

...see Message from the Chair, page 6

Canadian Public Health Association 2009 Annual Conference

Public Health in Canada:
Strengthening Connections

Winnipeg Convention Centre
Winnipeg, Manitoba • June 7-10, 2009

www.cpha.ca

Call for Abstracts

CPHA is pleased to announce the Call for Abstracts for the 2009 Annual Conference. The conference will be held in Winnipeg, Manitoba from June 7-10, 2009.
The conference theme 'Public Health in Canada: Strengthening Connections' will provide a forum for sharing our progress and will focus on strengthening the connections among research, policy and practice, clinical care and public health. For more information, visit the conference website at www.cpha.ca

CPHA *health digest*
Canadian Public Health Association

Volume XXXII, Number 3
Autumn 2008

The *CPHA Health Digest*
is an official publication of the
Canadian Public Health Association
and is published four times a year.
It is supplied as a CPHA membership
benefit to members in good standing.

ISSN 0703-5624

Printed on recycled/recyclable paper

Publications Mail Agreement No. 40062779.
Return undeliverable Canadian addresses to:
Circulation Department
Canadian Public Health Association
400-1565 Carling Avenue
Ottawa, Ontario, K1Z 8R1 Canada
Tel: 613-725-3769
Fax: 613-725-9826
E-mail: info@cpha.ca

Executive Managing Editor:
Debra Lynkowski

Coordination & Production:
Ian Culbert

Assistant Editor:
Karen Craven

Circulation:
Doris Amo

Translation:
Marie Cousineau

Mission Statement

The Canadian Public Health Association is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

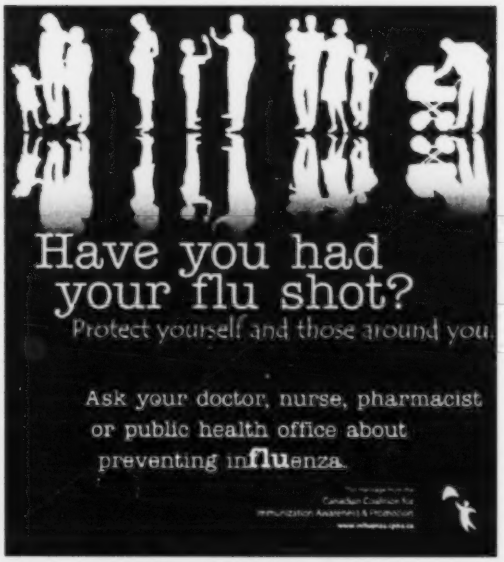
CEO'S COLUMN

October is Influenza Awareness Month

Debra Lynkowski
Chief Executive Officer

Most people associate fall with the changing of the leaves. Then there are those of us in public health who immediately associate this time with the start of the influenza season. Communicating the importance of receiving the annual flu shot often seems like a daunting task. Many Canadians seem to take the flu for granted, not recognizing or believing that vaccination can be a critical step in maximizing both individual and community health.

Our challenge extends beyond that though to our own community. For those of our members who are health providers or allied professionals, you can play a very important part in increasing influenza immunization and preventing the spread of this disease. The most effective way to prevent the flu is first, by getting vaccinated. The National Advisory Committee on Immunization (NACI) recommends that everyone who might transmit influenza to high-risk patients/clients get an annual flu shot. This is true even if your high-risk patients/clients have also been vaccinated. The number of patient deaths and the incidence of flu-like illness and confirmed cases of influenza have fallen in facilities where health care workers are vaccinated.


Have you had your flu shot?
Protect yourself and those around you.
Ask your doctor, nurse, pharmacist or public health office about preventing influenza.

To improve immunization rates, your organization can vaccinate all staff and patients at the same time, set up immunization clinics for staff, or sponsor a vaccination fair or competition among 3 or 4 institutions.

Promoting immunization to patients and clients is also critical. Your advice is often a very important factor in helping them decide whether to get the flu shot or not.

NACI states that health care workers and their employers have a duty to actively promote and carry out flu shot recommendations, in order to reduce the risk this disease poses to vulnerable populations. Education of patients/clients should focus on reducing their fears about side effects and their concerns about the effectiveness of the vaccine.

see CEO's Column , page 7

2008 CPHA Elections

All eligible voters have received the 2008 CPHA Elections Package. This is a reminder that voting (electronic and mail-in) will close at 5:00 pm (EST) on Friday, November 14, 2008.

If you have any questions or need assistance, please contact Victoria Pigeon at 613-725-3769, ext.127.

Public Health in Canada:
Strengthening Connections

La santé publique au Canada :
Renforcer les liens

Canadian Public Health Association 2009 Annual Conference

Public Health in Canada: Strengthening Connections

7-10 June 2009
Winnipeg Convention Centre, Winnipeg, MB

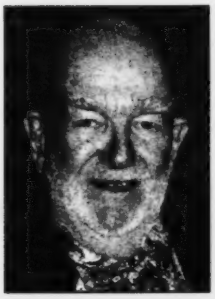
Canada has made significant contributions to our global understanding of what determines health and human development across the life course. At the foundation of its success, the public health response in Canada has created and strengthened numerous partnerships within the health sector and beyond. The CPHA 2009 Annual Conference will be a forum for sharing our progress and will focus on strengthening the connections among research, policy and practice, clinical care and public health.

CPHA is pleased to collaborate with the Canadian Institute for Health Information – Canadian Population Health Initiative, the Canadian Institutes of Health Research – Institute of Population and Public Health, and the Public Health Agency of Canada. This conference is hosted in association with the National Collaborating Centres for Public Health and the Manitoba Public Health Association.

The conference objectives are to:

- Provide a forum to showcase and learn from innovative research, policies and practices that address the social, political, cultural, economic and environmental determinants of health.
- Profile strategies and programs that build the capacity of population and public health at local, regional, provincial/territorial, pan-Canadian and international levels, and leverage the potential of cross-sectoral partnerships and collaboration.
- Showcase programs and policies that are inter-sectoral and whole-of-government that engage multiple sectors outside of health and facilitate response across jurisdictions.
- Provide a meeting ground for knowledge exchange among citizens, public health practitioners, decision makers (clinicians, planners, policy-makers), and researchers from a range of disciplines and sectors.
- Share successes and best practices in public health programs, policies and practice.

The Call for Abstracts is now available at www.cpha.ca. The deadline for submissions is December 17, 2008. For more information, contact the CPHA Conference Department by e-mail at conference@cpha.ca or by telephone at 613-725-3769. ♣



Prestigious award for John M. Last

Long-time member and CPHA Defries award winner (2006), John M. Last, MD, DPH has been selected by the American Public Health Association (APHA) to receive its most prestigious award, the Sedgwick Memorial Medal for Distinguished Service in Public Health. This is only the second time since the inception of this award in 1929 that it has been given to anyone from Canada (the first time being in 1956 to Dr. Frederick W. Jackson of Winnipeg).

In selecting Dr. Last, the Awards Committee of APHA recognizes his long and preeminent career in public health and describes him as a giant in the field, saying his voluminous writings display a wide and comprehensive view of public health, including the global environment.

Dr. Last is emeritus professor of epidemiology and community medicine at the University of Ottawa. He was born and educated in Australia, and trained in public health and epidemiology at the School of Public Health and Tropical Medicine at the University of Sydney and as a visiting fellow in the UK Medical Research Council's Social Medicine Research Unit in London. Dr. Last was president of the American College of Preventive Medicine in 1987-89, and is a foundation fellow of the American College of Epidemiology. He served as Scientific Editor of the *Canadian Journal of Public Health* from 1981-1991, taking the journal to new heights as a recognized and sought-after venue for publication of high-quality public health articles. In 2006, CPHA awarded Dr. Last its own highest honour, the R.D. Defries Award, for outstanding contributions in the broad field of public health.

The Sedgwick Memorial Medal will be presented to Dr. Last at the annual meeting of the American Public Health Association in San Diego, California, on October 28, 2008.

CPHA is delighted to congratulate Dr. Last on this latest tribute to his accomplishments in the field of public health. ♣

Thinking Like a System to Prevent and Manage Chronic Disease

A New Tool for Dialogue, Planning and Assessment

The Canadian Public Health Association (CPHA) began working with a national advisory committee in April 2006 to review what we know about public health capacity in Canada to prevent and control chronic disease. Based on the findings, a draft tool was developed and reviewed by key informants and focus group participants across the country. In 2007/2008, four health regions began piloting the Tool. The Tool, Strengthening Chronic Disease Prevention and Management through Dialogue, Planning and Assessment, is presented as a work in progress.

The Tool presents eight Critical Success Factors for strengthening chronic disease prevention and management, with guiding questions for each (see Figure 1). Taken as a whole, the Critical Success Factors present a "big picture" view to help guide a comprehensive approach to chronic disease planning. This view takes into consideration how the different parts of the health system connect to prevent chronic disease and related complications.

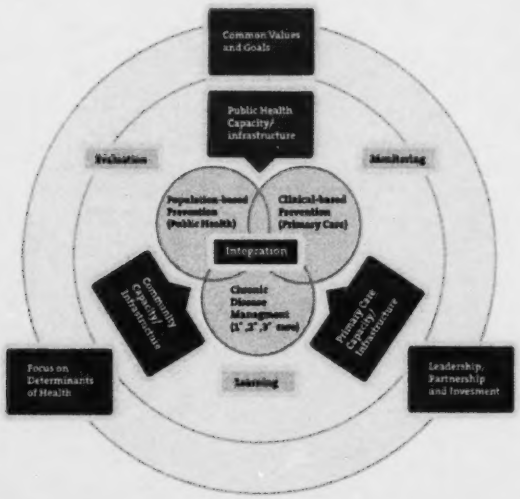
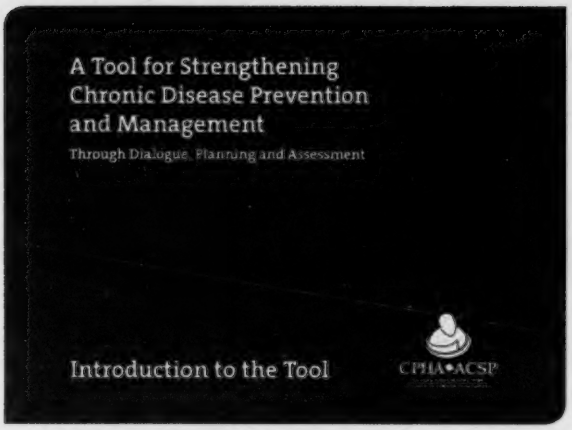


Figure 1
Thinking Like a System - Eight Critical Success Factors with Guiding Questions

1. Common Values and Goals
2. Focus on Determinants of Health
3. Leadership, Partnership and Investment
4. Public Health Capacity and Infrastructure
5. Primary Care Capacity and Infrastructure
6. Community Capacity and Infrastructure
7. Integration of Chronic Disease Prevention and Management
8. Monitoring, Evaluation and Learning.


A Tool for Strengthening Chronic Disease Prevention and Management
Through Dialogue, Planning and Assessment
Introduction to the Tool
CPHA•ACSP

The Tool helps to make connections among those doing chronic disease work, taking steps to build understanding, break down silos and better integrate prevention and management efforts. It does this by:

- Engaging stakeholders in dialogue;
- Promoting information exchange;
- Assessing current policy, planning and practice; and
- Identifying actions, roles and shared responsibilities for preventing and managing chronic disease.

Use of the Tool is supported by a How-to Guide and Case Studies. The How-to Guide includes a series of modules that outline the key stages involved in using the Tool. The Case Studies present information on how the tool was piloted in four sites across Canada.

Taking action on social determinants of health, improving access to meaningful, culturally-appropriate health information, strengthening practical supports for healthy living, helping people live well with chronic conditions, improving continuity of care – these are among the many threads in a web of inter-connected activities that can help prevent chronic disease and related health problems.

Chronic disease efforts in public health, primary care and community are important parts of this comprehensive approach, but have tended to move along parallel tracks. With growing interest in 'thinking like a system', a new chronic disease planning and assessment tool (the Tool) provides a structure and process for bringing together those working to prevent and manage chronic disease in health regions across the country. It helps us to think about, discuss and assess current practice, capacities and opportunities for action.

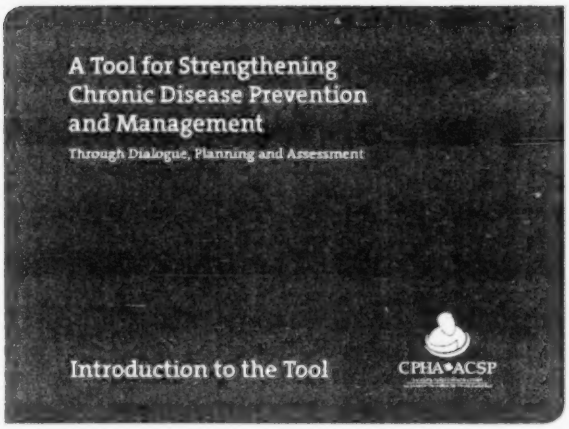
For more information, visit www.chronicdisease.cpha.ca

Thinking Like a System to Prevent and Manage Chronic Disease

A New Tool for Dialogue, Planning and Assessment

The Canadian Public Health Association (CPHA) began working with a national advisory committee in April 2006 to review what we know about public health capacity in Canada to prevent and control chronic disease. Based on the findings, a draft tool was developed and reviewed by key informants and focus group participants across the country. In 2007/2008, four health regions began piloting the Tool. The Tool, Strengthening Chronic Disease Prevention and Management through Dialogue, Planning and Assessment, is presented as a work in progress.

The Tool presents eight Critical Success Factors for strengthening chronic disease prevention and management, with guiding questions for each (see Figure 1). Taken as a whole, the Critical Success Factors present a "big picture" view to help guide a comprehensive approach to chronic disease planning. This view takes into consideration how the different parts of the health system connect to prevent chronic disease and related complications.



The Tool helps to make connections among those doing chronic disease work, taking steps to build understanding, break down silos and better integrate prevention and management efforts. It does this by:

- Engaging stakeholders in dialogue;
- Promoting information exchange;
- Assessing current policy, planning and practice; and
- Identifying actions, roles and shared responsibilities for preventing and managing chronic disease.

Use of the Tool is supported by a How-to Guide and Case Studies. The How-to Guide includes a series of modules that outline the key stages involved in using the Tool. The Case Studies present information on how the tool was piloted in four sites across Canada.

Taking action on social determinants of health, improving access to meaningful, culturally-appropriate health information, strengthening practical supports for healthy living, helping people live well with chronic conditions, improving continuity of care – these are among the many threads in a web of inter-connected activities that can help prevent chronic disease and related health problems.

Chronic disease efforts in public health, primary care and community are important parts of this comprehensive approach, but have tended to move along parallel tracks. With growing interest in 'thinking like a system', a new chronic disease planning and assessment tool (the Tool) provides a structure and process for bringing together those working to prevent and manage chronic disease in health regions across the country. It helps us to think about, discuss and assess current practice, capacities and opportunities for action.

For more information, visit www.chronicdisease.cpha.ca ♣

Figure 1
Thinking Like a System - Eight Critical Success Factors with Guiding Questions

1. Common Values and Goals
2. Focus on Determinants of Health
3. Leadership, Partnership and Investment
4. Public Health Capacity and Infrastructure
5. Primary Care Capacity and Infrastructure
6. Community Capacity and Infrastructure
7. Integration of Chronic Disease Prevention and Management
8. Monitoring, Evaluation and Learning.

STUDENT *Corner*

Hey students, we need you!

Mathieu Bélanger is a PhD candidate in epidemiology at McGill University and receives complementary training from the Canadian Institutes of Health Research (CIHR) and Québec Population Health Research Network Strategic Training Program in Public and Population Health Research. He is supported by a CIHR Canada Graduate Scholarship.

This is the message we got at the most recent annual conference of the Canadian Public Health Association. There, we were presented with plenty of hot-off-the-press (and in some cases not yet out of press) evidence setting the stage for future actions for improved public health. Of that evidence, the much-anticipated report from the WHO Commission on Social Determinants of Health summed up what we heard throughout the conference; that is, there is an undeniable need to take actions to reduce inequalities. As students, we can address this issue through research, policy recommendations, and community interventions. As newcomers, we should also be encouraged to share our fresh ideas with those already established within the public health community. Luckily for us, this was facilitated during the CPHA annual conference by the many opportunities for students to meet Canadian leaders in public health research and in the public health system.

Congratulations to CPHA and the conference steering committee for putting together a conference that valued students. This started with the inclusion of students in the abstract reviewing process and was followed with student awards, travel bursaries, pre-conference workshops geared toward students, the identification of presentations given by students in the conference program, and the production of a conference program supplement just for students. In addition to these initiatives, a breakfast was held for all students to meet each other. This was also a place where all students in attendance had the opportunity to meet and talk with leaders of Canada's public health community. All in all, the 2008 CPHA conference in Halifax was an event where students were at the centre of the action. Let's let everyone know that all of these healthy student-professional interactions are worth it by ensuring that our work leads to improved public health outcomes.

I look forward to seeing you again next year!

Mathieu Bélanger,
PhD candidate in epidemiology at McGill University

OBITUARY

Marion Dewar

1928-2008

A peace activist, nuclear disarmament advocate and committed supporter of women in elected office, Marion Dewar was a three-term Ottawa mayor and the NDP member of Parliament for Hamilton East from 1986 to 1988. She suffered a fall while attending the Toronto Film Festival and died in a Toronto hospital September 15, 2008. She was 80.

Marion Bell was born in Montreal on Feb. 17, 1928, and raised in Buckingham, QC, near Ottawa. After graduating from St. Joseph's School of Nursing in Kingston in 1949, she worked as a nurse until 1952, the year after she married civil servant Ken Dewar, whom she had met when he was a patient in the Ottawa Civic Hospital. Together, they had five children. While her children were young, Ms. Dewar worked for the Victorian Order of Nurses and then went back to school, earning a degree in nursing science and public health in 1969.

She worked as a public health nurse until, frustrated by the lack of social services, she entered city politics as alderman in Britannia Ward in 1972. Two years later, she was elected deputy mayor. In 1977, she tried unsuccessfully to enter provincial politics for the NDP in the riding of Ottawa West, but capitalized on her municipal base the following year and won the race to become mayor. After seven years, she stepped down to serve as national president of the NDP from 1985 to 1987.

In recent years, she had continued her social and political activism as a volunteer. The Canadian Public Health Association was proud to have Ms. Dewar as an active member of its Finance Committee. ♣

Radon on the radar

You may have been hearing more about radon gas in homes lately – and for good reason. Exposure to radon gas is the second leading cause of lung cancer in smokers and it is the major cause of lung cancer in non-smokers.

A survey conducted some years ago by Health Canada showed that radon levels in certain Canadian cities were higher than in others. However, these same studies showed that it is impossible to predict whether any one house will have a high level of radon. The amount of radon in a home will depend on many factors such as soil characteristics, type of construction, condition of the foundation and type of ventilation systems used in the home.

Radon gas is a naturally occurring radioactive gas formed when the uranium in soil and rocks breaks down. The gas can move through small spaces in the soil and rock upon which a house is built. It can seep into a home through dirt floors, cracks in concrete, sumps, joints, basement drains, under the furnace base and jack posts if the base is buried in the floor. Concrete-block walls are especially porous to radon and radon trapped in water from wells can be released into the air when the water is used.

In the open air, the radon gas is very diluted and doesn't pose a health risk. However, in basements or other confined spaces, radon can accumulate to relatively high levels and become a health hazard. Exposure to high levels of radon has been associated with an increased risk of lung cancer, depending on the level of radon, and length of exposure. The only way to know for sure if your home's radon level is within safe limits is to test for the presence of the gas.

For more valuable information about radon, see Health Canada's Web site, at www.healthcanada.gc.ca/radon.

ONLINE SURVEY

Advancing physical activity measurement and guidelines in Canada

A scientific review and evidence-based foundation for the future of Canadian physical activity guidelines

The survey questions will ask you about your impressions of the journal *Applied Physiology, Nutrition & Metabolism (APNM) / Canadian Journal of Public Health (CJPH)* Special Issue "Advancing physical activity measurement and guidelines in Canada: a scientific review and evidence-based foundation for the future of Canadian physical activity guidelines" published by the Canadian Society for Exercise Physiology and the Canadian Public Health Association in November 2007.

The survey should take you 10-15 minutes to complete. Please enter your name and email address at the end to be eligible to win a great prize! — A $150 Gift Card from Mountain Equipment Co-op.

Thank you for your assistance.

Link:
https://www.surveymonkey.com/s.aspx?sm=O7wAwdsIGN0rthd2zY3HfQ_3d_3d

Message from the Chair, from page 1...

policy issues, opportunities for member involvement.
3. Timely e-mail announcements on issues of interest and relevance to the public health community.
4. Regular electronic surveys, to gather your input to set strategic Association priorities.
5. Voting rights on Association by-laws and membership of the Board of Directors.
6. Nomination rights to compete for a position on the CPHA Board of Directors.
7. 10% discount on all publications purchased through CPHA's Publication Sales Department.
8. Reduced rate for registration to CPHA annual conferences (e.g., in 2008, the member rate was $675, and the non-member rate was $775.)
9. Opportunities to represent CPHA on external committees and/or participate in reviews.
10. Excellent networking opportunities across disciplines at CPHA events and conferences.

For nearly 100 years, our Association has been the only non-governmental organization in Canada whose sole mandate is to represent the public health sector. Continuing into this century, Canada needs public health to be a strong, vital and visible component of our health system. CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the public's health.

With your continued membership and our efforts to bring more health professionals 'under our tent', CPHA will remain strong. We will maintain and eventually extend our reach and influence to champion an effective, efficient and sustainable public health system in communities and regions across this country. And, most of all, we will continue to effectively represent you.

We look forward to your participation in our membership review.

Who Should Receive the Vaccine? Influenza

The National Advisory Committee on Immunization recommends influenza vaccine for the following:

1) People at high risk of influenza related complications including adults and children with
- cardiac or pulmonary disorders including asthma
- diabetes mellitus & other metabolic diseases
- cancer, immunodeficiency, immunosuppression (due to underlying disease and/or therapy)
- renal disease
- anemia or hemoglobinopathy
- conditions that compromise the management of respiratory secretions
- children & adolescents with conditions treated for long periods with acetylsalicylic acid
- all residents of nursing homes & other chronic care facilities
- adults aged 65 years or older
- children aged 6-23 months
- pregnant women

2) People capable of transmitting influenza to those at high risk of complications including
- health care & other care providers who could transmit to those at high risk
- household contacts of those at high risk
- household contacts of infants <6 months
- members of a household expecting a newborn during influenza season
- women at all stages of pregnancy or breastfeeding mothers
- those providing regular child care to children 0-23 months
- those who provide services within closed settings to persons at high risk

3) Others
- people who provide essential community services
- people in direct contact with avian influenza infected poultry during culling
- healthy people aged 2-64 years should be encouraged to receive the vaccine even if they are not in the above groups

Who Should Receive the Vaccine? Influenza

Contraindications and Precautions
Do NOT give the influenza vaccine to:
- People who have had an anaphylactic reaction to a previous dose
- People with hypersensitivity to eggs manifested as hives, swelling of the mouth & throat, difficulty breathing, hypotension or shock

Dosage Schedule

	Dose (mL)	Total # of Doses
6-35 months	0.25	1 or 2*
3-8 years	0.50	1 or 2*
9 years or older	0.50	1

*Previously unvaccinated children <9 years of age require 2 doses with an interval of 4 weeks (see NACI Statement)

Adverse Reactions
- Soreness or redness at the injection site lasting 1-2 days is common but rarely interferes with daily living.
- Prophylactic acetaminophen may minimize pain at injection site.
- Very rarely moderate to severe reactions may occur & should be reported to the provider.

Counselling Points
- 4000-8000 Canadians die from influenza-related complications each year
- Influenza typically lasts for 7-10 days, but the cough & weakness may continue for up to 6 weeks
- The vaccine provides protection up to 12 months, immunization is required each year
- October to mid-November is the best time for immunization, but may still be given in the winter months
- Other measures to prevent the spread of influenza:
  - Cover your mouth & nose with tissues or clothing when sneezing or coughing
  - Wash hands often with soap & water or alcohol-based hand rub
  - Stay home when you have a fever

Reference
National Advisory Committee on Immunization (NACI) Statement on Influenza Vaccination for the 2008-2009 Season

Order your copy of "Pocket Guide: Who Should Receive the Vaccine?" from www.immunize.ca

CEO's Column, from page 2...

This year's vaccine is unique. The three strains which make up the 2008-2009 vaccine are all different from those in 2007-2008. NACI recommends the influenza vaccine be administered to people who are at high risk of influenza-related complications, including adults and children who have a chronic disease such as diabetes, cardiac or pulmonary disorders, or cancer; all people living and working in nursing and retirement homes; children aged 6 to 23 months; adults aged 65 years or older; and pregnant women. NACI is also encouraging all persons between the ages of 2 and 64 to receive the influenza vaccine.

CPHA acts as the secretariat for The Canadian Coalition for Immunization Awareness & Promotion (CCIAP). CCIAP is busy raising awareness about the benefits of the flu vaccine and immunization through its annual Influenza Immunization Awareness Campaign, media advisories, and through its excellent website, www.immunize.ca.

The always-popular Grade 6 immunization poster contest has been launched and entries are being received at CPHA national office already. The poster contest takes place every two years and is focused on creating posters expressing ideas about immunization and healthy children. There will be a winner picked from each province and territory in Canada, as well as a national winner and national runner-up. The National Winner is awarded the top prize with an all-expenses paid trip to Toronto to be presented his or her award at the 8th Immunization Conference in Toronto (Sheraton Centre Hotel) from November 30th – December 3rd. This Conference is a bi-annual event which brings together non-governmental organizations, vaccine manufacturers, provincial and territorial immunization policy and program planners as well as professionals from the many disciplines involved in the immunization field. Hosted by the Public Health Agency of Canada, CPHA is proud to be one of three key collaborators, along with the Canadian Paediatric Society and CAIRE (Canadian Association for Immunization Research and Evaluation).

So, this fall, as you bag your leaves, store your gardening tools, and do the many other chores that signal that winter is on its way, add 'get flu shot' to the top of your list.

In the words of my wise colleagues at CCIAP: ***"Get the flu shot, not the flu!"*** ♣

Coming *events*

Chronic Disease Prevention Alliance of Canada
3rd National Conference
24-26 November 2008 Ottawa, ON
Contact: www.cdpac.ca

8th Canadian Immunization Conference
Partnership, Innovation, Education
Hosted by PHAC in collaboration with CAIRE, CPA and CPHA
30 November-3 December 2008 Toronto, ON
Contact: Conference Secretariat
Tel: 613-238-4870
Fax: 613-236-2727
E-mail: immunconf@phac-aspc.gc.ca

2009 Nursing Leadership Conference
Leaders in Action: Mobilizing Nursing Leadership
8-10 February 2009 Toronto, ON
Contact: Debbie Ross, Conference and Special Events Manager
Tel: 1-800-361-8404 ext. 214
E-mail: dross@cna-aiic.ca
www.cna-aiic.ca/CNA/news/events/leadership/default_e.aspx

CALL FOR ABSTRACTS
2009 CPHA Annual Conference
Public Health in Canada: Strengthening Connections
7-10 June 2009 Winnipeg, MB
Contact: CPHA Conference Services
Tel: 613-725-3769, ext. 126
Fax: 613-725-9826
E-mail: conference@cpha.ca
www.cpha.ca
Deadline for Abstracts: 17 December 2008

CALL FOR ABSTRACTS
A Climate for Change – Communication, Collaboration and Co-operation
19th World Conference on Disaster Management
Canadian Centre for Emergency Preparedness
21-24 June 2009 Toronto, ON
Contact: Adrian Gordon, CCEP
E-mail: agordon@ccep.ca
www.wcdm.org
Deadline for abstracts: 5 December 2008

14th International Congress on Circumpolar Health
Health Canada and the Government of the Northwest Territories
11-16 July 2009 Yellowknife, NT
Contact: Pat Thagard, Congress Coordinator
Arctic Health Research Network
Tel: 867-873-9337 Fax: 867-873-9338
E-mail: icch14@theedge.ca

29th International Congress on Occupational Health
Occupational Health: A Basic Right at Work – An Asset to Society
22-27 March 2009 Cape Town, Afrique du Sud
Contact: Congress Secretariat
Tel: +27(0)21-938-9238/9245/9082/9651
Fax: +27(0)21 933 2649
E-mail: admin@icoh2009.co.za
www.icoh2009.co.za ♣

Canadian International Immunization Initiative Phase 2 (CIII-2)

CPHA Immunization Project - Technical Assistance and Awareness Components

A quick peek at CIII-2 in 2008

During the past several months, the CIII-2 program has been very busy with its activities in meeting the requests of our global partners, carrying through with the recruitment and deployment of Canadian Technical Consultants, and increasing the awareness of Canadians on global immunization issues. Here's an update on a few things that the program has been busy with and upcoming activities.

Technical Assistance

Since the beginning of the year, CIII has deployed 30 experts in immunization to 13 countries. Our consultants have worked with local Ministries of Health, the World Health Organization and the US Centers for Disease Control and Prevention. The countries include: Burundi, Cameroon, DR Congo, Ethiopia, Gabon, Ghana, Grenada, Haiti, India, Laos, Namibia, Nigeria and Tanzania.

Monitoring through STOP (Stop Transmission of Polio)

In the past twelve months, three CIII staff members were assigned to monitor immunization campaigns. Measles campaigns were monitored in Manila, Philippines and polio campaigns were monitored in South Wollo, Ethiopia and in Bihar State, India. Through these monitoring missions, staff were able to experience first hand the dedication of health professionals on the ground and the difficulties in reaching all children, especially in remote areas. Staff were also able to meet global partners from the WPRO, AFRO, and SEARO offices and observe CIII consultants in the field.

Lessons Learned Workshop

CIII is partnering with the Centre for Intercultural Learning to run a debriefing workshop mid October for past CIII consultants. The focus of the workshop is to identify how to better prepare consultants for overseas missions and how to improve the support given while overseas. Based on actual events from our consultants who have travelled the world, we believe that this will be a great learning experience and will enable us to better our program and expand our focus. Look for the final report on our website in November.

Partnership with the Uganda National Association of Community and Occupational Health. Implementing the Village Health Team Strategy to improve and sustain immunization coverage through community mobilization.

Partnerships with Public Health Associations

CIII currently supports three immunization projects through the national public health associations of Niger, Ethiopia and Uganda. These projects use social mobilization and capacity building to strengthen National Immunization Programs, increase access to primary health care and increase vaccination coverage. In the upcoming months, staff and consultants will be travelling to these countries to gather data to evaluate the performance of these new strategies and identify further areas of collaboration. Refer to our website for results once available.

A local vaccinator we met while monitoring the polio immunization campaign in Muzzafarpur, Bihar State, India.

Conferences

In the next few months, CIII will be present at a number of immunization meetings and conferences. We will be exhibiting at the National Immunization Conference in Toronto, so please come see us to gain more information about the program and future overseas opportunities!

Ostavi duvan, osjeti slobodu (Leave Tobacco, Feel the Freedom)

by Kelli-an Lawrance, Associate Professor, Community Health Sciences Department, Brock University and Sharon Lawler, Co-Director & Manager, Leave The Pack Behind, Brock Research Institute for Youth Studies

As part of the "Strengthening Civil Society's Voice for Public Health through Public Health Associations in the Balkans" initiative in the Balkans, a new, comprehensive tobacco control program for young adults was launched in Banja Luka, Republika Srpska (RS). According to the Global Health Professionals Students Survey, which was carried out in 2006 by the RS Institute of Public Health in partnership with CPHA, CDC and WHO, approximately 20-40% of medical, nursing and pharmacy students in the Balkans smoke cigarettes. The introduction of a comprehensive tobacco control program at Banja Luka University will assist students to stop smoking, translate into lower smoking prevalence among university graduates (including those who become health professionals), support the current RS tobacco law that prohibits smoking in public places including schools, and strengthen youth involvement in the public health arena.

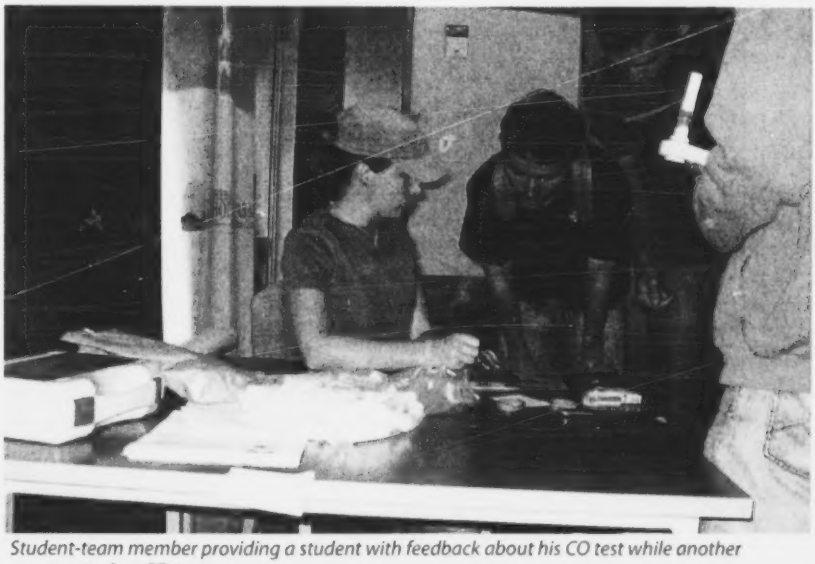
The new RS program, Ostavi duvan, osjeti slobodu, is modeled on Ontario's Leave The Pack Behind (LTPB) initiative which I and my colleague Sharon Lawler, co-direct. LTPB is recognized as a 'best practice' for tobacco control on post-secondary campuses. Operating on more than 3 dozen Ontario colleges and universities, LTPB uses a peer-to-peer approach such that student-teams create, implement and evaluate multi-channel educational communication campaigns, advocate for tobacco control policies (and their enforcement), and provide smoking cessation assistance via self-help programs, buddy support and referrals to medical professionals.

To establish this type of comprehensive tobacco control program at the University of Banja Luka, we worked with the RS Public Health Technical Officer, Stela Stojisavljevic, CPHA's Health Promotion Consultant, Sherryl Smith, Banja Luka University students who will form the student-team, and two medical professionals who will help build linkages between the student-team and local primary health care centres.

Training session facilitators and participants.

An intensive, 2-day training session was hosted for the key stakeholders. Student-team members gained skills and knowledge related to evidence-based programming, strategies to maximize outreach efforts, nicotine addiction, and evaluation procedures. They and the medical professionals in attendance practiced administering carbon monoxide tests and role-played ways to communicate test results to prompt smokers to reduce or quit smoking. Student-team members also generated ideas for communication campaigns that would raise students' awareness of the consequences of smoking, the value of quitting, and how to access cessation supports on and off

see Tobacco, page 10



Student-team member providing a student with feedback about his CO test while another prepares to do a CO test.

Canadian Student Internship in Bosnia and Herzegovina

by Aida Hasanic

What I thought would be just another day of nursing lectures at Algonquin College in October 2007, turned out to be one of those days that I would refer to as life-changing. That day, a group of health care professionals from Serbia attended our public health lecture, and because my home country is Bosnia and Herzegovina (BiH) and I speak their language, I approached them to find out the kind of work they were doing and why they were attending our lecture. As representatives from the Public Health Association of Serbia, they were in Canada to attend the Annual Canadian Public Health Association Conference followed by a Study Tour. With them was a CPHA representative, and this initial contact led to my opportunity to work in Bosnia and Herzegovina the following summer.

CPHA offered me a summer internship in BiH, working on the "Strengthening Balkans Civil Society's Voice for Public Health through Public Health Associations" project, an initiative funded by the Canadian International Development Agency (CIDA). This project supports the development of two public health associations in BiH: Partnership for Public Health (PPH) in Sarajevo and Public Health Association of Republika Srpska (PHARS) in Banja Luka. This project also supports the strengthening of the Public Health Association of Serbia.

From May 1 to August 30, 2008, I was involved with the smoking cessation projects for the two BiH associations. With Brock University's assistance, PHARS is adapting "Leave the Pack Behind" (LTPB), a Canadian smoking cessation project targeted to post-secondary schools, in collaboration with the University of Banja Luka. Thanks to my Canadian experience with smoking cessation projects and my familiarity with both the BiH and Canadian cultures, I was able to help the student team adapt and translate key tools of LTPB.

In Sarajevo, the Sarajevo General Hospital "Prim. Dr. Abdulah Nakas" (GHS) wants to be the first smoke-free hospital in Bosnia and Herzegovina. Partnership for Public Health have offered their assistance and as a first step I worked with Dr. Aida Ramic (National Coordinator of Tobacco Control for the Federation of BiH and a PPH member) and Sejdefa Basic Catic (CPHA Public Health Officer) to create a survey that will assess smoking habits of hospital staff as the first step of this smoke-free initiative. I also translated material from the European Network Smoke-Free Hospital (ENSH) that was adapted to support their smoke-free hospital plan. I believe the initiatives undertaken by PHARS and PPH are important steps forward in enforcing existing laws, and lobbying for the rights of non-smokers to have smoke-free environments. However, this involves changing a behaviour that is deeply culturally rooted.

The CPHA internship was a life-changing experience in the sense that I have grown both professionally and on a personal level as well. I thank CPHA for allowing me this opportunity over the summer. ♣

Tobacco, from page 9...

campus. The training culminated with team members hosting their very first, wildly successful, information display on campus. By locating the display just outside the cafeteria, the team was able to attract dozens of students to it, administer more than 50 CO tests, and arrange smoking cessation follow-up support for many smokers – all within a few hours.

To my great delight, members of the student-team will have the opportunity to attend LTPB's annual training conference in St. Catharines, Ontario. This will give them the chance to meet their Canadian counterparts, exchange ideas, and hopefully form beneficial alliances. Additionally, it will allow us to further support the Banja Luka team in areas such as program evaluation and research.

The enthusiasm and productivity of the student-team underscores the vital role that youth and young adults can play in promoting health of their peers and engendering health-enhancing change in the social, environmental and political structures of their communities. As this inaugural team of students trains others to follow in their footsteps, the future health of their society will be in good hands. ♣

Cameroon Public Health Association Newest SOPHA Partner

In April 2008, the Cameroon Public Health Association (L'Association camerounaise de santé publique – ACASAP) became the newest partner of the Strengthening of Public Health Associations (SOPHA) Program. This brings the total number of SOPHA Program partners to seven, these being the Public Health Associations (PHAs) from Congo (Brazzaville), Haiti, Malawi, Mozambique, Nicaragua, Niger and now Cameroon.

ACASAP is a very young public health association, created in February 2007 by a small group of dedicated public health professionals. Already, the Association has nearly 100 individual and institutional members and has implemented a small number of health promotion activities in the country as well as organized and held a national level forum on Public Health in Cameroon. ACASAP is also an active member of the Network of PHAs in Francophone Africa (RASPAF).

A number of active members of the Cameroon Public Health Association met with the SOPHA Program Director in April 2008 in Yaoundé.

Violette Pedneault, Director of the SOPHA Program, visited ACASAP in April 2008 to learn more about the Association as well as to introduce the ACASAP members to CPHA and the SOPHA Program.

With SOPHA support, it is expected that the Association will grow and be able to participate more fully in the African PHA movement. With SOPHA funding, ACASAP also plans to implement a small community health promotion project in two health districts of the Cameroon coastal region. ♣

Bringing diabetes to light

The International Diabetes Federation (IDF) is calling on groups and individuals worldwide to get involved in World Diabetes Day on November 14. The theme for this year's campaign is "Diabetes in Children and Adolescents."

Diabetes is one of the most common chronic diseases to affect children. It can strike children of any age, even toddlers and babies. Every day more than 200 children are diagnosed with type 1 diabetes, requiring them to take multiple daily insulin shots and monitor the glucose levels in their blood. It is increasing at a rate of 3% each year among children and rising even faster in pre-school children at a rate of 5% per year. Over 70,000 children a year under the age of 15 get diabetes.

world diabetes day
14 November

"Every parent, school teacher, school nurse, doctor and anyone involved in the care of children should be familiar with the warning signs and alert to the diabetes threat," said Dr. Martin Silink, President of the International Diabetes Federation. "Children who are not diagnosed or are misdiagnosed can die from DKA (diabetic coma). In the developing world, insulin is not reaching many children who need it and the children are dying. The International Diabetes Federation is advocating that access to appropriate medication and care should be a right for a child with diabetes and not a privilege."

World Diabetes Day made a global splash last year, organizing the lighting of several of the world's most recognizable monuments in blue. For 2008, the Federation is reaching out to the global community for their ideas on how to raise awareness. ♣

Canadian International Development Agency | Agence canadienne de développement international

Canada

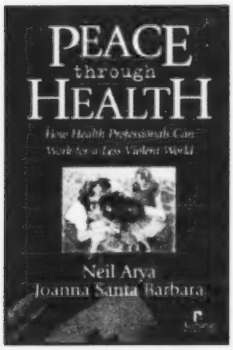
"Partners Around the World" is undertaken with the financial support of the Government of Canada provided through the Canadian International Development Agency (CIDA).

Canadian Public Health Association
Publication Sales

CPHA•ACSP
CANADA'S PUBLIC HEALTH LEADER
LE LEADER CANADIEN EN SANTÉ PUBLIQUE

Ventes des publications
de l'Association canadienne de santé publique

613-725-3769 613-725-9826 publications@cpha.ca www.cpha.ca



Peace through Health

How Health Professionals Can Work for a Less Violent World

Kumarian Press *May 2008* *356 Pages* *3-1BK03450* *$52.00 Cdn*

We typically define and talk about wars using the language of politics, but what happens when you bring in a doctor's perspective on conflict? Can war be diagnosed like an illness? Can health professionals participate in its mitigation and prevention? The contributors to *Peace through Health: How Health Professionals Can Work for a Less Violent World* engage with these ground-breaking ideas and describe tools that can further peace once war is understood as a public health problem.

The idea of working for peace through the health sector has sparked many innovative programs, described here by over 30 experts familiar with the theory and practice of Peace through Health. They cover topics such as prevention and therapy, program evaluations, medical ethics, activism, medical journals, human rights, and the uses of epidemiology. Those considering careers in medicine and other health and humanitarian disciplines as well as those concerned about the growing presence of militarized violence in the world will value the book's many insights.

Primary Health Care Now More Than Ever

The 2008 World Health Report

World Health Organization *October 2008* *139 Pages* *2-12402008* *$52.00 Cdn*

As nations seek to strengthen their health systems, they are increasingly looking to primary health care (PHC) to provide a clear and comprehensive sense of direction. *The World Health Report 2008* analysis how primary health care reforms, that embody the principles of universal access, equity and social justice, are an essential response to the health challenges of a rapidly changing world and the growing expectations of countries and their citizens for health and health care.

The Report identifies four interlocking sets of PHC reforms that aim to: achieve universal access and social protection, so as to improve health equity; re-organize service delivery around people's needs and expectations; secure healthier communities through better public policies; and remodel leadership for health around more effective government and the active participation of key stakeholders.

Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health

Final Report of the Commission on Social Determinants of Health

World Health Organization *August 2008* *246 Pages* *2-11500741* *$52.00 Cdn*

"...Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale."

The Final Report of the Commission on Social Determinants of Health sets out key areas of daily living conditions and of the underlying structural drivers that influence them in which action is needed. It provides analysis of social determinants of health and concrete examples of types of action that have proven effective in improving health and health equity in countries at all levels of socioeconomic development.